

**Rural Health Clinic
Provider Type 35
907 KAR 1:082**

Information about the program:

- Provider must contact OIG for survey/licensure.
- Out-of-state providers may enroll.
- Provider can only be an entity - NO INDIVIDUALS
- Provider must have “bricks and mortar”.
- Provider cannot have a number under this provider type and a group provider number active at the same time, i.e. physician group, nurse practitioner group, physician assistant group, primary care number, etc.

Additional Information to be submitted by the provider for application processing:

- MAP-811 Non- Credentialed
- MAP-811 Addendum E
- State license (current and reflecting requested enrollment date)
- Medicare letter
- CLIA (if lab present)
- MAP-347 for each professional working in facility (physician, ARNP, CRNA, PA, etc.)
- W-9
- NPI and Taxonomy Verification

Important addresses:

- Office of Inspector General
275 East Main Street
Frankfort, KY 40601
- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602